PTOISB/06 (08-03)
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October 3 2004 Substitute for Form PTO-875						<del>5 1/ 9</del>	1477	<del></del>
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	MANSER FILED	NUMBER EXTRA		RATE	FEE		RATE	,190
BASIC FEE					.395	OR		<u>, 79.0 .</u>
(37 CFR 1.16(a))				0			x 18 = 1	
TOTAL CLAIMS (37 CFR 1.16(d)	minus 20 °	·		x s 7 =		OR	x .88	· · · ·
INDEPENDENT CLAIMS (37 CFR 1.16(b))	ainus 3 =	·		× 44		OR'	.2M.	<u></u>
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))				+. <u>150</u> =		OR	+1500-	
" If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL	<u> </u>	OR.	TOTAL	· ·
	MS AS AMENDED – F					•		
	•	(Column 2) (Colum	mn 3)	SMALL E	NTITY	OR	OTHER SMALL	
<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>	CLASAS	HIGHEST	$\neg$	RATE	ADOI-	] . [	· RATE	ADDI-
\( \begin{align*}	AFTER P	NUMBER PRES REVIOUSLY EXT PAID FOR			TIONAL FEE			TIONAL
Total ·	MENOMENT Minus -	51 - 6	7	x. <u>q</u> _=		OR	x 18 =	160
Z Independent	12 Minus **	11 1		× 44 =		OR'	x 888 =	88.00
TI (37 CFR 1.16(4))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))				+.150.		OR	+,200.	may really 8
FRIST MESERIATION OF BOLLING				TOTAL ADD'L FEE		OR	ADOL FEE	
•		(Catumn 2) (Catu	ımın 3)	•		_ · · ·•	<u>:</u>	
(1)	(Cotumn 1) CLAIMS	HOMEST	SENT	RATE	ADOI-		RATE	ADDI- TIONAL
	REMAINING AFTER MENDMENT	REVIOUSLY EX	TRA		TIONAL FEE	1		PEE
Total Or Gran 1.98(d) United by the second of the second o	Minus •	cant	7]	x:4=		OR	x : 18 =	/
Z Independent C	Minus	500 1-7		x :44 =		OR	x : 88 .	<del>1 · · · · · · · · · · · · · · · · · · ·</del>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))				+=150=	<u> </u>	OR	+.309=	<u> </u>
Pusi recession				TOTAL ADD'L FEE	·	OR	ADO'L FEE	
		(Calumn 2) (Cal	lumn 3)			_		
	(Column 1)	MCMEST	-	21.5	ADOI-	1	RATE	ADOI-
O -	REMAINING AFTER	NUMBER PRI PREVIOUSLY E	ESENT XTRA	RATE	TIONAL FEE			TIONAL FEE
₩ Total	AMENDMENT Minus	PAID FOR		x s 9 =		OR	x : 18 =	
0 (3/0 x 1.144)	Minus			x s 44 =		OR	x : <u>58</u> =	<del> </del>
Z Independent (37 OFR 1.H(b))	TION OF MULTIPLE DEPENDE	П CLAIM (37 CFR 1.16	<b>(</b> a))	+./50=		OR	+ :300 :	
FURST PRESENTA	INCH OF MOLIFICE OCT CITO			TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'.

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"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '30'.

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